

Appendix A

Definition of Assessment Criteria Used in This Study

As noted in Chapter 2, topic areas used to organize the study are based on the needs of confined juveniles. We consulted a subset of nationally recognized standards to assist us in defining assessment criteria related to these topic areas.

This appendix describes the nationally recognized standards we consulted and explains how we developed the relevant assessment criteria.

Meeting Basic Needs: Living Space

This topic area concerns the physical plant, such as the size of the living units and the size of the rooms.

1. Maximum of 25 Juveniles per Living Unit

ABA recommends a facility size of less than 20 juveniles, and the ACA training school standard specifies a facility size of less than 150 juveniles. Larger facilities can be more manageable and less institutional if they are divided into small living units.

ACA Standard:

"The facility operates with living units of no more than 25 juveniles each. (ACA - Recommended)

Discussion: The use of living units is considered more desirable for youths. Such units permit programs to be conducted on a smaller, more manageable scale with decisions about the juveniles in them being made by staff who are regularly assigned to the unit and who know the juveniles best. Each living unit should provide for personalization of living space."

The mail survey asked for the number of juveniles in the largest living unit. Our assessment criteria is congruent with the ACA standard. If there are more than 25 juveniles in any living unit, the facility is not in conformance.

2. Sufficient Floor Space in Sleeping Rooms

ACA training school standards require 70 square feet of space in single rooms and 50 square feet of space per juvenile in multiple occupancy rooms. The ACA detention center standards also require 70 square feet of space in single rooms but do not specify a minimum square footage for multiple occupancy rooms.

ACA Standard:

"In training schools there is one juvenile per sleeping room which has a minimum of 70 square feet of floor space; and juveniles are provided activities outside the room at least 14 hours per day; special purpose institutions which have individual sleeping rooms meet this requirement for these rooms. (ACA - Recommended)

Discussion: Individual sleeping rooms are necessary to ensure a reasonable amount of privacy and safety to the juvenile. In secure training schools or secure cottages in training schools, stress is quite severe because of the limits on freedom of movement and privacy. Therefore, the space dimensions listed above are essential to facility operation."

ACA Training School Standard:

"When used, multiple occupancy rooms house no less than three and no more than 50 juveniles each who are screened for suitability to group living prior to admission. Multiple occupancy rooms are continuously observed by staff and provide the following facilities and conditions. (ACA - Recommended)

Discussion: A minimum floor area of 50 square feet per occupant in the sleeping area and a clear floor to ceiling height of not less than eight feet; toilet and shower facilities at a minimum of one operable toilet and shower for every eight occupants; one operable wash basin with hot and cold running water for every five occupants; single beds only; access to a locker or private storage space for each occupant; and natural light."

We constructed assessment criteria for floor space that reflects these two standards. We apply these criteria to all facility types.

The mail survey collected data on the average square feet of floor space per juvenile in single rooms, double rooms, rooms with 3 to 4 juveniles, rooms with 5 to 10 juveniles, and rooms with 11 or more juveniles. There is no square footage requirements for double rooms specified in the standards, so we applied the 70 square feet per juvenile standard to double rooms. Our assessment criteria, therefore, require 70 square feet per juvenile in single and double sleeping rooms and 50 square feet per juvenile in sleeping rooms with three or more juveniles. Facilities that did not meet the minimum size for any one of the five types of rooms were not in conformance.

3. Population Equal to or Less Than Design Capacity.

Juvenile facilities should not confine more residents than they were designed to house in safe, sanitary, and humane conditions.

ACA Standard:

"The population in housing or living units does not exceed the rated capacity of the facility.

Discussion: The original or latest blueprints for the facility should be examined to determine rated capacity. In no case should current use of the living units exceed designed use standards."

The CIC census asked respondents to enter their population on February 15, 1991, and to enter their design capacity. The CIC census, unfortunately, did not provide an explicit definition of design capacity, so it is likely that different respondents used different operational definitions of design capacity.

Meeting Basic Needs: Health Services

The six health assessment criteria involve ensuring access to health care when juveniles are first admitted, throughout their stay at the facility, and during emergencies.

1. Health Screening Performed Immediately

The purpose of the health screening is to ensure that the juvenile does not have any illnesses or injuries requiring immediate medical attention. We consulted an ACA standard when defining the assessment criteria.

ACA Standard:

"Written policy and procedure require medical screening to be performed by health-trained or qualified health care personnel on all juveniles, including intra-system transfers, upon arrival at the facility; all findings are recorded on a printed screening form approved by the health authority. (ACA - Mandatory)

Discussion: Medical screening is a system of structured inquiry and observation designed to prevent newly arrived juveniles, who pose a health or safety threat to themselves or others, from being admitted to the facility's general population, and to rapidly transport newly admitted juveniles to medical care. Receiving screening can be performed by health care personnel or by health-trained correctional staff at the time of admission."

Our assessment criteria measure two things—whether the facility does health screenings and how soon after a juvenile is admitted the health screening is performed. The mail survey asked whether a screening is required upon admission. If the facility did the screening themselves or if another facility completed the screening, the facility conformed with the first part of the criteria. The mail survey also asked whether the screening was completed within 30 minutes, within 1 hour, within 3 hours, or if it took over 3 hours to complete the screening. If the facility did the health screening within 1 hour, they were in conformance with the second part of the criteria. Facilities had to conform to both parts to conform to the overall criteria.

2. Health Appraisal Performed Within 1 Week

A health appraisal provides basic health information that can be used when providing ongoing medical care and that can ensure that health problems are recognized and treated. We consulted an ACA standard when defining the assessment criteria.

ACA Standard:

"Written policy and procedure require that a health appraisal for each juvenile, excluding intrasystem transfers, is completed within seven days after arrival at the facility. In the case of a juvenile who has documented evidence of a health appraisal within the previous 90 days, a new

health appraisal is not required except as determined by the designated health authority. (ACA - Recommended)

Discussion: A health appraisal should be completed for each juvenile as soon after arrival to the institution as possible in order to detect any health problems that may need immediate attention and to determine if the individual needs any further health care services. Test results, particularly communicable diseases, should be received and evaluated before a juvenile is assigned to housing in the general population. Information regarding the juvenile's physical and mental status also may dictate housing and activity assignments. When appropriate, additional investigation should be conducted into alcohol and drug abuse, and other related problems. A routine appraisal by mental health staff should be done on all new juveniles within 30 days of admission."

As with health screening, our assessment criteria involves both performance and timing: facilities must do appraisals, and if they do, they must complete them within 7 days. The mail survey asked whether health appraisals were required and whether they were done at the facility or at another facility prior to admission.

If the health appraisal was done at another facility, the mail survey asked for the average length of time it took for the record of the appraisal to arrive. These facilities were in conformance if they received the record of the health appraisal within 7 days.

If the health appraisal was done at the facility, the mail survey asked how long it took from the date of admission for the last 10 health appraisals to be fully completed. Facilities where each of the last 10 health appraisals had been done within 7 days were in conformance.

3. Access to Medical Services Explained Upon Admission

Juveniles' continuing access to medical services is jeopardized if the procedures for gaining access are not explained to them upon admission. We consulted an ACA standard when defining the assessment criteria.

ACA Standard:

"Written policy and procedure ensure that juveniles are informed orally and in writing of the procedures required for gaining access to medical services. (ACA - Recommended)

Discussion: The facility should follow the policy of explaining access procedures orally to juveniles unable to read, and, where the facility frequently has non-English-speaking juveniles, procedures should be written in their language."

The mail survey asked which procedures and policies are explained to juveniles upon admission. Facilities were in conformance if they included sick call among the procedures they explain.

4. Sick Call Performed in Proportion to Population

Sick call is a formal, regularly scheduled time during which juveniles can bring health problems to the attention of medical personnel. The purpose of sick call is to ensure that juveniles can gain access

to medical services when necessary. We consulted an ACA standard when defining the assessment criteria.

ACA Standard:

"Sick call for non-emergency medical service, conducted by a physician and/or other qualified medical personnel, is available to each juvenile as follows:

Small facilities of less than 50 juveniles hold sick call once per week, at a minimum;

Medium-sized facilities of 50 to 200 juveniles hold sick call at least three times per week; and

Large-sized facilities of over 200 juveniles hold sick call a minimum of five times per week. (ACA - Recommended)

Discussion: Sick call is the procedure through which each juvenile reports and receives appropriate medical services for non-emergency illness or injury."

Our assessment criteria are congruent with the ACA standard. They were constructed using the number of days of sick call reported in the mail survey and the total population of the facility. If the facility had the number of sick days required for their size, they were in conformance. The only exceptions were facilities that said that they conducted sick calls, but reported not having any medical staff in the Children in Custody survey. Since the standard calls for medical staff to conduct the sick call, facilities that did not have medical staff could not be in conformance.

5. Written Arrangements for Emergency Care

Many facilities, particularly the smaller ones, have limited health care services. Facilities that have only nurses or no health care staff rely on outside services for the juveniles' primary health care needs. When facilities use outside health care, they may need to take security precautions. For these reasons, the needs of juvenile facilities are different from the needs of other groups served by hospitals. Written arrangements ensure that the hospital is prepared for the facility's requirements. We consulted an ACA standard when defining the assessment criteria.

ACA Standard:

"A written agreement exists between the facility administration and a nearby hospital for all medical services which cannot be provided within the facility. (ACA - Recommended)

Discussion: Medical arrangements may be entered into for the provision of emergency or specialized care away from the facility. This standard includes crisis intervention for psychiatric emergencies."

Our assessment criteria are more stringent than the ACA standard. In the mail survey, facilities were asked whether they had written arrangements to provide emergency health care, as needed, outside of the facility, 24 hours a day, 7 days per week. If they did, they were in conformance.

6. Staff Trained in First Aid and CPR

Most facilities do not have 24-hour coverage by medical staff. Many facilities are located in rural areas, where it may take longer to obtain emergency medical care. Child care staff who have been trained in first aid and CPR must be prepared to handle emergencies as they occur. We consulted an ACA standard when defining the assessment criteria.

ACA Standard:

"Written policy and procedure provide that child care staff and other personnel are trained to respond to health-related situations within a four-minute response time. A training program is established by the responsible health authority in cooperation with the facility administrator, which includes the following:

Recognition of signs and symptoms, and knowledge of action required in potential emergency situations; administration of first aid and cardiopulmonary resuscitation (CPR); methods of obtaining assistance; signs and symptoms of mental illness, retardation, and chemical dependency; and procedures for patient transfers to appropriate medical facilities or health care providers. (ACA - Mandatory)

Discussion: With even the most adequate staff of qualified health care personnel, emergencies can occur in distant parts of the institution; too much time can be lost in getting staff promptly on the scene to handle emergency matters. All child care staff should have standard first aid training. Minimally, one child care worker per shift should be trained in cardiopulmonary resuscitation (CPR) and recognition of symptoms of illness most common to juveniles."

Facilities reported the number of hours of first aid training staff received during the first year of employment and during each year following the first year of employment on the mail survey. In order to be in conformance, a facility had to report at least 1 hour of training in first aid and CPR during both the first and the following years of employment. Many facilities reported that they provided first aid and CPR training as part of certification courses, with 8 hours of recertification training every 3 years. These facilities were also in conformance even though they did not have training every year.

Meeting Basic Needs: Food, Clothing, and Hygiene

The provision of adequately nourishing meals at regular intervals, the provision of clean clothing, and the opportunity to bathe daily are all basic needs that facilities housing juveniles have an obligation to meet.

1. Annual Review of Menu by a Dietician

The health of children in confinement can suffer if food is inadequate. Most confined juveniles are between the ages of 14 and 18, a period of rapid physical growth and development during which proper nutrition is particularly important. We consulted an ACA standard when defining assessment criteria.

ACA Standard:

"There is documentation that the facility's system of dietary allowance is reviewed at least annually by a dietician or physician to ensure compliance with nationally recommended food allowances. (ACA - Mandatory)

Discussion: A facility that follows this system of dietary allowances, as adjusted for age, sex, and activity, ensures the provision of a nutritionally adequate diet. The Recommended Dietary Allowances stated by the National Academy of Sciences should be used as a guide to basic nutritional needs."

The conformance measure is derived from a question in the mail survey which asked for the last date on which the facility's dietary allowance was reviewed by a physician or dietician. If the facility had not had a review or the review had been done more than 1 year ago, the facility was not in conformance. If the review was ongoing because the food service manager was a dietician or if the review had been done within the previous year, the facility also was in conformance.

2. Maximum of 14 Hours Between Dinner and Breakfast

If meals are timed too far apart, juveniles may be hungry between meals.

ACA Standard:

"Written policy requires that at least three meals, of which two are hot meals, are provided at regular meal times during each 24-hour period, with no more than 14 hours between the evening meal and breakfast. Provided basic nutritional goals are met, variations may be allowed based on weekend and holiday food service demands. (ACA - Recommended)

Discussion: When juveniles are not routinely absent from the institution for work or other purposes, at least three meals should be provided at regular times during each 24-hour period."

Since the provision of three meals a day is a widely accepted practice, we did not focus on that part of the standard. Instead, the mail survey asked for the time of the evening and morning meals on weekdays. Facilities were not in conformance if more than 14 hours lapsed between the two meals.

3. Clean Clothing Provided Regularly

Juveniles should be provided with clean clothing regularly to prevent health or hygiene problems.

ACA Standard:

"Clean clothing is provided for juveniles—clean socks, underwear, and towels on a daily basis, and other clothing at least twice a week. (ACA - Recommended)"

Our assessment criteria are congruent with the ACA standard.

The mail survey asked for the number of clean socks, underwear, shirts, and pants that the facility provided each week. Facilities were in conformance if they provided at least seven pairs of socks and underwear and at least two shirts and pants per week, or if the juveniles laundered their own clothing.

4. Juveniles Allowed To Shower Daily

Infrequent bathing causes odors that degrade institutions' quality of life.

ACA Standard:

"Written policy and procedure provide an approved shower schedule that allows daily showers and showers after strenuous exercise. (ACA - Recommended)"

The mail survey asked how many times during the week the juveniles were allowed to shower. Facilities were in conformance if juveniles were allowed to shower at least 7 times a week.

Living Conditions

This section covers several aspects of living conditions not covered in other sections. Three elements of "normalization" are of concern—the opportunity for juveniles to wear their own clothes, to have home-like furnishings and personal items in their sleeping rooms, and to sleep in rooms that have natural light.

1. Personal Clothing

If juveniles are allowed to wear items of their personal clothing, the facility is less "institutional" than if they must wear only facility-issue clothing.

ACA Standard:

"Juveniles may wear personal clothing consistent with facility guidelines or wear combinations of their own and facility clothing."

The mail survey asked whether the facility provides all clothing to juveniles or provides only some items. Facilities conform to the assessment criteria if they do not provide all clothing items for juveniles, thus permitting juveniles to wear at least some items of their own clothing.

2. Furnishings in Sleeping Rooms

If juveniles' sleeping rooms are equipped with furnishings similar to those found in domestic bedrooms, the atmosphere of the facility is less institutional.

The mail survey asked respondents to indicate which furnishings were included in sleeping rooms in their facilities. The list was developed from observations of the content of sleeping rooms in facilities visited during pretests. Facilities conformed if they included any furnishings other than beds and mattresses (for example, desk, chair, bureau, locker, etc.).

3. Personal Items in Sleeping Rooms

If juveniles can keep personal items in their sleeping rooms, the atmosphere of facilities is less institutional.

The mail survey asked respondents to list personal items that juveniles are permitted to keep in their sleeping rooms. This list was developed from observations of facility practices during pretests. Facilities conformed if they permitted juveniles to keep any personal items in their sleeping rooms.

4. Natural Light in Sleeping Rooms

Studies indicate that access to natural sunlight has an important effect on maintaining both physical and mental health.

The mail survey asked respondents if all sleeping rooms in their facility had access to natural sunlight, either through a window (with or without an exterior view) or a skylight. Facilities conformed to the assessment criteria only if all sleeping rooms had access to natural sunlight.

Order and Safety: Security

The facilities included in this study have different levels of security, depending on their purpose and the offenses of the juveniles they house. We recognized that conformance with the security measures will vary by the type of facility and by the level of security.

1. Classification Performed

Safety is improved when admittees are separated into groups based on risk of escape, risk of violence, or special needs. Classification systems and procedures are the main instruments used to draw these distinctions.

ACA Training School Standard:

"There is a written plan for classifying juveniles which considers the level of risk presented and the type of housing required, and participation in facility and community programs. (ACA - Recommended)

Discussion: The classification system should help ensure that juveniles participate in appropriate programs that will assist them during their residence and subsequent release to the community. Each newly admitted juvenile should be evaluated in terms of personal, medical, and social history. No juvenile should receive more surveillance or assistance than required and no juvenile should be kept in a more secure status than potential risk requires."

The mail survey asked what factors were considered when juveniles were classified and what decisions were made using classification results. Our assessment criteria measures a portion of the ACA standard. To be in conformance, facilities had to classify juveniles using at least one of the following dimensions of risk: risk of escape, danger to self, danger to others, or offense type, and the results must be used to make housing decisions.

2. Minimum of Three Counts per Day

Facilities that are less secure may use constant, informal counts of juveniles for security rather than hardware. This standard refers to formal counts that occur at regular intervals during the day and which are tabulated for the entire facility.

ACA Standard:

"The facility has a system to physically count juveniles that includes strict accountability for juveniles assigned to work and educational release, furloughs, and other approved, temporary absences.

Discussion: There should be at least one juvenile count per shift, and a count at night lockup. Counts should be scheduled so that they do not conflict with activity programs and normal operating procedures. Juveniles should not be permitted to move about the facility during the count. The officer responsible for maintaining the master count record should be provided up-to-the-minute information regarding all juvenile housing moves and work assignment changes, admissions to the hospital, etc. All juveniles in legal custody should be accounted for in the master count. All temporary absences from the facility should be explained in writing."

The mail survey asked for the number of major institutional counts per day. Facilities were in conformance if they performed at least three counts.

3. Minimum Supervision Staff-to-Juvenile Ratio

One important element of security is staffing levels. Without sufficient staff, juveniles are more likely to be able to harm each other, staff, or themselves. In addition, lack of staff causes low staff morale and higher levels of stress for staff. The ACA training school standard requires "sufficient staff to ensure the appropriate supervision of juveniles." Because this standard is too vague to measure, we referred to the ACA detention center standards. The discussion sections suggest a 1:8 staff-to-juvenile ratio during the day and a 1:16 ratio at night for all facility types.

ACA Detention Center Standard:

"There are a minimum of two youth care workers on duty at all times in the facility, one of whom is female when females are housed in the facility and one of whom is male when males are housed in the facility. (ACA - Recommended)

Discussion: Sufficient staff should be available so that juveniles are not left unsupervised at any time. At least one staff person should always be present to perform duties and functions not directly connected with supervision. During the day more staff will be available to provide programs in the facility. Guidelines often used for the ratio of youth care workers to residents are 1:8 during daylight hours and 1:16 during sleeping hours. Ratios of total staff to residents generally require a ratio of 1:1 (total staff includes maintenance personnel and similar categories of personnel not working directly with juveniles)."

ACA Training School Standard:

"There is sufficient staff to ensure the appropriate supervision of juveniles at all times. (ACA - Recommended)"

We calculated the total number of staff from the number of full-time and part-time supervision staff provided by the CIC census, counting the part-time staff as one-half a staff person. We took into account the number of staff needed to cover three shifts, 7 days a week, including sick time, vacation, and holidays, by dividing the total number of staff by 5.2. We divided this number by the total population to get a ratio of staff to juveniles per shift. Averaging two shifts with a ratio of 1:8 and one shift with a ratio of 1:16 yields a ratio of 1:10.66. Facilities were not in conformance if the ratio was less than 1:10.66.

Order and Safety: Suicide Prevention

We consulted the National Commission on Correctional Health Care standards, which requires each facility to have a written plan for identifying and responding to suicidal individuals. The NCCHC standard specifies and defines nine areas to be included in the plan. We assessed conformance to three of these areas: identification, staff training, and monitoring.

1. Written Suicide Prevention Plan

Developing a suicide prevention plan encourages facilities to coordinate services for suicidal youth.

NCCHC Standard:

"The facility has a written plan for identifying and responding to suicidal individuals."

The mail survey asked whether facilities had a written suicide prevention plan. Facilities were in conformance if they reported having a plan.

2. Suicide Screening Upon Admission

Early suicide screening alerts facilities to potential suicide risks, allowing them to provide appropriate services quickly.

NCCHC Standard:

"Identification: the initial health screening form should include observation and interview items related to each juvenile's potential suicide risk."

Facilities were asked what was included in the health screening. If the facility included identification of potential suicide risks among the functions of the health screening, they were in conformance.

3. Staff Trained in Suicide Prevention

There are well-known signs that indicate suicide risk. Staff given suicide prevention training will be more likely to notice these signs.

NCCHC Standard:

"Training: All staff who work with juveniles should be trained to recognize verbal and behavioral cues that indicate potential suicide."

The mail survey contained a staff training grid which asked for the number of hours of training in suicide prevention staff received during the first year and the following years of employment. Facilities were in conformance if they did at least 1 hour of staff training in suicide prevention during both the first year and the following years.

4. Suicide Risks Monitored at Least Once Every 4 Minutes.

NCCHC Standard:

Several NCCHC standards require constant or close monitoring, defined as continuous, or 60 minutes per hour. See Standards 111, 132, and 138.

ACA Standard:

Standard 3-JDF-4C-30 (1991) requires close medical supervision of potentially suicidal youth. In addition, Standard 3-JDF-3A-04 (1991) requires juvenile care workers to respond "promptly" to emergency situations, and Standard 2-8273 (1983) requires a 4-minute response time to health-related situations.

Facilities were asked how often juveniles who had been deemed high suicide risks were monitored. They were in conformance if they monitored juveniles deemed high suicide risks at least once every 4 minutes.

Order and Safety: Inspections and Emergency Preparedness

Juveniles' safety may be threatened by emergency situations, staff, other juveniles, and the juveniles themselves. The facility has a responsibility to minimize these dangers through policies and staff action.

1. Annual Sanitation Inspection

Inspections by an outside agency ensure that adequate health conditions are maintained and help facility staff pinpoint problem areas and possible solutions.

ACA Standard:

"The facility administration complies with applicable federal, state and local sanitation and health codes. (ACA - Mandatory)

Discussion: The facility should be inspected at least annually by appropriate government officials to ensure the health of personnel and juveniles."

The mail survey asked whether inspections are conducted annually and for the date of the last inspection. Facilities were in conformance if they reported doing inspections annually and the date of the last inspection was within the last year.

2. Annual Fire/Life Safety Inspection

Local or State inspections ensure that facilities meet applicable minimum fire safety requirements. The training school and detention center standards requiring fire/life safety inspections are both listed here because they are slightly different.

ACA Detention Center Standard:

"The facility complies with applicable federal, state and local sanitation, safety and health codes. (ACA - Mandatory)

Discussion: The facility should be inspected at least annually by appropriate government officials to ensure the health and safety of personnel and juveniles."

ACA Training School Standard:

"There is documentation by the authority having jurisdiction that the facility complies with the applicable fire safety code(s). A fire alarm and automatic detection system are required as approved by the authority having jurisdiction, or there is a plan for addressing these or other deficiencies within a reasonable time period. The authority approves any variances, exceptions, or equivalences that do not constitute a serious life threat to the occupants of the facility. (ACA - Mandatory)

Discussion: Local or state fire codes must be strictly adhered to in order to ensure the safety and well-being of the juveniles and staff. Reports of periodic inspections and action with respect to such reports must be available. In the event local and/or state codes are not applicable, the requirements of the National Fire Protection Association *Life Safety Code*, current edition, apply."

The mail survey asked whether facilities did annual fire/life safety inspections and for the date of the most recent inspection. Facilities were in conformance if they did inspections annually and the date of the most recent inspection was within the last year.

3. Quarterly Fire Drills

Fire drills are necessary in any large residential building, but are especially important in juvenile facilities where staff need to coordinate the safety of the residents and the security of the facility.

ACA Standard:

"The facility has a written plan for evacuation in the event of fire or major emergency that is approved by the authority having jurisdiction, who is trained in the application of national fire safety codes. The plan is reviewed annually, updated if necessary, and reissued to the local fire jurisdiction. The plan includes the following:

Location of building/floor plans; use of exit signs and directional arrows for traffic flow; location of publicly posted plans; at least quarterly drills on all shifts in all institution locations; staff drills when it is impossible to evacuate extremely dangerous juveniles. (ACA - Mandatory)

Discussion: The evacuation plan should also specify routes of evacuation, subsequent disposition and housing of juveniles, and provision for medical care or hospital transportation for injured juveniles and/or staff. Fire drills should include evacuation of all juveniles except when there is clear and convincing evidence that institutional security is jeopardized. Upon such showing, actual evacuation during drills is not required, although staff supervising such juveniles should be required to perform their roles/activity in quarterly drills."

The mail survey asked how often facilities conducted fire drills. Facilities that conducted at least 4 per year were in conformance.

4. Access to an Emergency Power Source

Access to an emergency power source is particularly important for facilities with electrically activated locks and mechanical ventilation systems.

ACA Standard:

"The facility has access to an alternate power source to maintain essential services in an emergency."

The mail survey asked whether facilities had their own emergency generator, access to emergency power within 30 minutes, arrangements for emergency power as needed, or no arrangements for emergency power. Facilities were not in conformance if they had no emergency power source and no arrangements for emergency power.

Programming: Education

Much of the discussion about programming in correctional institutions focuses on rehabilitating juveniles and returning them to society with improved skills and education. The three areas we chose to assess ensure that education is provided, that there are sufficient teachers, and that teachers are certified.

1. Provision of Education

ACA Detention Center Standard:

"Educational opportunities are available to all juveniles except when there is substantial evidence to justify otherwise. (ACA - Recommended)

Discussion: The institution should ensure that educational and vocational training programs are available to all juveniles who can benefit from and who have an interest in such programs. Where enrollment in an education or training program is restricted, the reason should be documented."

ACA Training School Standards:

"There is a comprehensive education program for juveniles. (ACA - Recommended)

Discussion: The facility should provide the juveniles a broad educational program that is most suited to their needs and abilities to include but not limited to developmental education, remedial education, special education, multi-cultural education, bilingual education, when the profile indicates, and tutorial services as needed. This program should operate under the auspices of the year-round public school system. Juveniles should receive academic credit for education that can be transferred to schools in the community, and diplomas should be awarded by state or local boards of education."

"Educational and vocational training opportunities are available to all juveniles except when there is substantial evidence to justify otherwise. (ACA - Recommended)

Discussion: The institution should ensure that educational and vocational training programs are available to all juveniles who can benefit from and who have an interest in such programs. Where enrollment in an education or training program is restricted, the reason should be documented."

The CIC survey asked whether basic academic instruction was offered by the facility. Facilities that offered basic academic instruction were in conformance.

2. Certification of Teachers

Most States require juvenile facilities to provide educational programs comparable to that in public schools for residents who are subject to applicable mandatory education statutes. One control on the quality of instruction in public high schools is the certification of teachers.

ACA Standard:

"Educational and vocational supervisors and instructors are licensed or accredited by the state or jurisdiction in which the facility is located. (ACA - Recommended)

Discussion: All teachers and their supervisors should be certified by the state department of education or other appropriate body, and should receive additional training to meet the special needs of detained juveniles."

The mail survey asked for the percentage of teachers who were certified. Facilities were in conformance if 100 percent of the teachers were certified.

3. Minimum Teacher-to-Student Ratio

A high proportion of residents in juvenile facilities have learning disabilities and/or function well below age level. A low student-to-teacher ratio provides students with the individual attention that they need.

ACA Standard:

"Formal educational and vocational programs have a minimum of one teacher for every 15 students. (ACA - Recommended)"

The CIC survey asked for the number of full-time and part-time educational staff. Counting part-time staff as half a staff person, we calculated the total number of education staff and divided it by the total population. If this ratio was at least 1:15, the facility was in conformance.

4. Needs Assessment Performed

Facilities do assessments to ensure that they are providing education programs that are appropriate to the juveniles' needs. Detention centers are exempt from this requirement because they are short-term programs.

ACA Training School Standard:

"Written policy and procedure provide that each juvenile is assessed in terms of academic, vocational, and personal needs. (ACA - Recommended)

Discussion: Individual juvenile assessment should be accomplished by obtaining information from the juvenile or through information obtained from interviews with parents and significant persons in the life of the juvenile. School records and employment records can also be very useful in completing the assessment. Included should be information on the juvenile's attitude toward education, achieved academic levels, developed vocational skills and expressed interests, level of cognitive development, significant physical disabilities, and any problems that might interfere with learning."

The mail survey asked whether facilities did academic, vocational, and personal needs assessments. Facilities that did all three kinds of assessments were in conformance.

Programming: Recreation

1. One Hour Each of Leisure and Physical Exercise per Day

All of the national standards emphasize the need for recreation that includes exercise and physical fitness as well as passive activities such as watching television. The detention center standard requires 1 hour of large muscle activity and 1 hour of leisure activity. The training school standard requires 2 hours of leisure on school days and 3 hours on nonschool days but does not specify the amount of exercise time to be provided. We consulted the detention center standard when defining the assessment criteria, because it states a specific amount of time for exercise.

ACA Detention Center Standard:

"Written policy and procedure provide a recreation and leisure-time plan that includes, at a minimum, at least one hour per day of large muscle activity and one hour of structured leisure-time activities. (ACA - Recommended)

Discussion: Large muscle development and opportunities for play and creative activity are essential for the growing child. There should be opportunities for exercise and constructive leisure-time activity for at least two hours on school days and three hours on non-school days, not including time spent watching television. Recreation should be organized and supervised by a staff member trained in physical education, and there should be one recreation worker for each 15 juveniles during recreation periods."

ACA Training School Standards:

"Written policy and procedure provide recreation schedules and a plan for constructive leisure time activities. (ACA - Recommended)

Discussion: There should be opportunities for exercise and constructive leisure time activity for at least two hours on school days and three hours on non-school days, not including time spent watching television. Recreation should be organized and supervised by a staff member trained in physical education, and there should be one recreation worker for each 15 juveniles during recreation periods."

"Written policy and procedure grant juveniles access to recreational opportunities and equipment, including, when the climate permits, outdoor exercise. (ACA - Recommended)

Discussion: Exercise and recreation are essential to good health. The facility should provide juveniles a well-designed and comprehensive recreation program. Special effort should be made to provide daily physical exercise for those juveniles in restricted living units."

The mail survey asked for the number of hours of physical exercise provided each day and the number of hours of leisure time scheduled each week. Facilities that had at least 1 hour of exercise and 1 hour of leisure time each day were in conformance.

Programming: Treatment Services

More emphasis is placed on rehabilitation in the juvenile justice system than in the adult corrections system. Many facilities provide treatment and counseling to meet the needs of juveniles who have emotional problems or addictive behaviors.

1. Provision of Treatment Services

Both training schools and detention centers, under slightly different standards, are required to provide treatment services, including services by qualified professionals.

ACA Detention Center Standard:

"Written policy and procedure specify the provision of mental health services for juveniles in need of such services, including, but not limited to, services provided by qualified mental health professionals who meet educational and/or licensure/certification criteria specified by their respective professional disciplines, e.g., psychiatry, psychology (psychiatric nursing), and social work. (ACA - Recommended)

Discussion: Juveniles with severe mental health problems are a continuing and increasing source of concern in correctional institutions. It is essential that an adequate number of qualified staff are available both to deal directly with these juveniles and to advise and train other correctional workers in their contacts with them."

ACA Training School Standard:

"Written policy and procedure provide for a social services program that makes available a range of resources appropriate to the needs of juveniles, including individual, group and family counseling. (ACA - Recommended)

Discussion: Social services can assist juveniles with family and personal problems through supportive guidance and professional assistance. Some of these services may be provided through contractual arrangements with community agencies."

The CIC survey asked how often treatment professionals were available at the facility: daily, less than daily, on call, or never. Facilities that never had treatment professionals available were not in conformance.

2. Minimum Counselor-to-Juvenile Ratio

In addition to simply providing mental health services, facilities should have adequate numbers of counseling staff to meet juveniles' needs. Since treatment is not part of the purpose of detention centers, they are not covered by this assessment.

ACA Training School Standard:

"Counseling personnel are available at a ratio of one to every 25 juveniles, at a minimum, to provide counseling and social services to juveniles. (ACA - Recommended)

Discussion: Social services can assist juveniles with family and personal problems through supportive guidance and professional assistance. Some of these services may be provided through contractual arrangements with community agencies. A counseling program that is coordinated with the overall facility rehabilitation program can be effective in resolving personal and interpersonal problems. Although staff members should encourage participation, it is critical that the decision to participate in a counseling program should be made by the juvenile."

The CIC survey asked for the number of full-time and part-time counseling staff. Counting part-time staff as half a staff person, we computed the total number of counseling staff and the ratio of counseling staff to the total population. Facilities were in conformance if they had at least a 1:25 ratio.

Juveniles' Rights: Access to Outside Community

Access to individuals outside the facility provides juveniles with social support and valuable resources. Access to family and friends is crucial in maintaining community ties. Volunteer programs bring in members of the surrounding community, who in turn promote social interaction and enrich programming opportunities.

1. Attorneys Allowed To Visit

Juveniles must have access to attorneys if they are to prepare for court or file appeals. The ACA standard requires telephone communications, uncensored correspondence, and visits.

ACA Standard:

"Written policy and procedure exist to assist juveniles in making confidential contact with attorneys and their authorized representatives; such contact includes, but is not limited to, telephone communications, uncensored correspondence, and visits. (ACA - Recommended)

Discussion: Facility authorities should assist juveniles in making confidential contact with attorneys and their authorized representatives, who may include law students, special investigators, lay counsel, or other persons who have a legitimate connection with the legal issue being pursued. Provision should be made for visits during normal institutional hours, uncensored correspondence, telephone communications, and after hour visits where requested on the basis of special circumstances."

Since there was limited space on the mail survey, we used the most intrusive type of access, visits, as the measure of conformance. Thus, our assessment criteria covers only a portion of the ACA standard. The mail survey asked who was allowed to visit juveniles. Facilities that allowed attorneys to visit were in conformance.

2. General Visitation Allowed

Even at facilities that allow visitors, only a portion of juveniles receive regular visits. For practical and political reasons, many areas have established centralized facilities, so that many juvenile facilities are built in rural areas.

ACA Standard:

"Written policy and procedure grant juveniles the right to receive visits, subject only to the limitations necessary to maintain order and security. (ACA - Recommended)

Discussion: Because strong family and community ties increase the likelihood that the juvenile will succeed after release, visits to juveniles should be encouraged. Provisions should be made for visitation in pleasant surroundings, with minimum surveillance to allow privacy. Arrangements always should be made to ensure juveniles' confidential visits with attorneys. No restrictions should be made on juvenile visitation rights, except when the administrator or designee can provide substantial justification for the restriction."

The mail survey asked who is allowed to visit juveniles under ordinary circumstances. Facilities that allowed parents to visit were in conformance because it is unlikely that a facility would prohibit visits from parents but allow other visitors.

3. Juveniles Allowed To Make and Receive Phone Calls

Access to the telephone is a link to the community, particularly for those juveniles whose families cannot visit.

ACA Standard:

"Written policy and procedure provide for juvenile access to the telephone to make and receive personal calls. (ACA - Recommended)

Discussion: Sufficient telephone facilities should be provided to permit reasonable and equitable access to all juveniles, except those in reception units and disciplinary detention. Written procedures should specify the hours of telephone availability, maximum length of calls, and any limitations on telephone calls. Telephone facilities should allow for a reasonable amount of privacy. All long-distance calls should be made collect."

The mail survey asked for the number of telephone calls a juvenile is allowed to make and receive each month. Facilities that reported that they allow juveniles to both make and receive phone calls were in conformance.

4. Mail Opened Only Upon Suspicion

Allowing juveniles to send and receive mail is a commonly accepted practice. Policies on mail usually cover the circumstances under which mail can be opened, read, or censored, but there is no consensus on mail policy among the various available standards. The ACA detention center standard, the ACA training school standard, and the ABA standard all address different combinations of opening, reading, and censoring mail, as well as whether the juvenile must be present while these actions are occurring. Under case law, according to Soler, "a blanket policy of opening children's correspondence and limiting the persons with whom children in an institution may correspond has been held unconstitutional" (Soler, p. 2-28). Rather than delve into the complexity of the standards, we assessed

the question raised by case law: whether staff could routinely open mail or if the facility's policy required suspicion of contraband or some other threat to facility security.

5. Volunteer Program

Volunteers can augment staffing levels and programming. In addition, they help normalize the environment within the facility.

ACA Standard:

"Written policy and procedure provide for securing citizen involvement in programs, including roles as advisors and interpreters between the program and the public, direct services, and cooperative endeavors with juveniles under supervision. (ACA - Recommended)

Discussion: The facility administrator should seek assistance from citizens in the community. Volunteers can be used to help coordinate and staff the facility's educational, library, recreational, religious, and other programs and can serve as advisors to detained juveniles."

The mail survey asked for the number of hours scheduled for programs, including volunteers. Facilities that had volunteer activities were in conformance.

Juveniles' Rights: Limits on Staff Discretion

The protection of juveniles' rights is ensured through informing juveniles of the rules, the provision of a grievance procedure, and through policies that govern staff use of force, isolation, restraints, and searches.

1. Facility Rules Explained in Oral and Written Form Upon Admission

Most facilities provide an orientation during the admission process. During this time, juveniles will usually be made aware of the rules. The standard requires facilities to provide the rules in both written and oral form. Explaining the rules orally may be more understandable if there are low literacy levels among some of the juveniles. Providing a written copy of the rules gives the juveniles a reference that they can use if they forget the original explanation of the rules.

ACA Standard:

"A rulebook that contains all chargeable offenses, ranges of penalties, and disciplinary procedures is posted in a conspicuous and accessible area; a copy is given to each juvenile and staff member, and is translated into those languages spoken by significant numbers of juveniles. When a literacy or language problem prevents a juvenile from understanding the rulebook, a staff member or translator assists the juvenile in understanding the rules. (ACA - Recommended)

Discussion: Provision of a rulebook that lists specific offenses and penalties helps ensure that all persons in the institution understand what behavior is prohibited and what penalties may be applied for violations. Written procedures should specify how the rules and regulations are issued and presented to new juveniles as well as how revisions to

rules and regulations are distributed to all juveniles. Rules and regulations governing juvenile conduct are of limited value unless the juvenile understands them."

The mail survey asked whether rules were explained in oral and written form. Facilities were in conformance if they provided the rules in both oral and written English.

2. Disciplinary Hearing with One Level of Appeal

The standards require detailed procedures guaranteeing juveniles due process. A disciplinary hearing with at least one level of appeal provides juveniles with a minimum level of protection against arbitrary rule enforcement and punishment.

ACA Training School Standard:

"Written policy and procedure grant juveniles the right to appeal decisions of the disciplinary committee to the facility administrator or designee within 15 days of receipt of the decision. The appeal is decided within 30 days, and the juvenile is promptly notified in writing of the results of the appeal. (ACA - Recommended)

Discussion: The appeal process should consider three factors: whether there was substantial compliance with institution standards and procedures in handling juvenile discipline; whether the decision of the committee was based on substantial evidence; and, whether under the circumstances, the sanction imposed was proportionate to the rule violation."

A question on the mail survey asked whether juveniles have a disciplinary hearing and at least one level of appeal. Facilities that did not have both were not in conformance.

3. Searches Authorized by Facility Administrator

The ACA standard on searches requires facilities to make a written policy on searches available to staff and juveniles but does not provide guidance regarding the content of the policy. The ABA standard is more specific, stating that searches may not be routinely undertaken and that searches must be authorized by the administrative head of the facility.

ABA Standard:

"Searches of the juvenile, the juvenile's room, sleeping area, or property should not be routinely undertaken. When there are reasonable grounds to believe that a search may uncover violations of the penal law or the regulations of the facility, including a belief that a weapon may be found, then a search may be authorized by the administrative head of the facility.

A record should be kept of the grounds for the search, when it was conducted, and what, if anything, was discovered and seized. The juvenile should generally be afforded the right to be present during any search of his or her room or property."

Our assessment criteria measure one, albeit modified, aspect of the ABA standard.

The mail survey asked which staff were allowed to authorize room searches, frisks, strip searches, body cavity searches, and drug tests. Some large facilities would not be able to meet the requirement that only facility administrators authorize searches because the administrator of a large facility must be able to delegate some responsibilities. Therefore, facilities that allowed line staff to authorize any one of the five types of searches were not in conformance.

4. Maximum of 5 Days in Isolation

Some of the advisors and consultants voiced concern regarding the frequent and prolonged use of isolation and confinement as a means of institutional control. As the length of time spent in isolation increases, the benefits of isolation as a behavior management tool diminish in comparison to the negative effects on the juvenile. There is no detention center standard on the maximum length of time in isolation, but we included detention centers under the training school standard.

ACA Standard:

"The training school has a sanctioning schedule which sets a maximum of 5 days of confinement in a security room for any offense, unless otherwise provided by law. (ACA - Recommended)

Discussion: The time a juvenile spends in disciplinary detention is proportionate to the offense committed, taking into consideration the juvenile's prior conduct, specific program needs, and other relevant factors. In all cases an outside limit should be set on the period of detention. This limit should be consistent with case law and statutes for that jurisdiction. Where such guidelines do not exist, a maximum of 5 days of disciplinary detention should be considered sufficient for most cases."

Facilities that did not permit isolation were automatically in conformance. The mail survey asked for the maximum number of hours of isolation allowed. Facilities were not in conformance if the maximum number of hours exceeded 120.

5. Written Report for Isolation Over 1 Hour

The 1-hour cutoff is specified to distinguish between the extended use of isolation and confinement and frequent use of "time-out" rooms for short periods of time.

ACA Standard:

"Juveniles placed in confinement are checked visually by staff at least every 15 minutes and are visited at least once each day by personnel from administrative, clinical, social work, religious, or medical units; a log is kept recording who authorized the confinement, persons visiting the juvenile, the person authorizing release from confinement, and the time of release. (ACA - Recommended)

Discussion: A visit means actual entry into the room of confinement with the juvenile, or removal of the juvenile from the room of confinement for the purpose of discussion or counseling. A visit does not include routine visual checks or discussion through the door or window of the confinement room."

As in the case of the first isolation assessment criteria, facilities that do not permit isolation were automatically in conformance. The mail survey asked whether a written report is completed for all incidents of room restriction or other locked room confinement in excess of 60 minutes. Facilities that completed a written report were in conformance.

6. Written Report for Use of Restraints

A great deal of concern was expressed by advisors and consultants regarding the frequency and duration of the use of restraints. Prolonged use of restraints may cause juvenile injuries.

ACA Standard:

"Written policy and procedure provide that the facility maintains a written record of routine and emergency distribution and use of restraint equipment. (ACA - Recommended)

Discussion: A written record detailing who receives restraint equipment and the nature of the equipment they receive is necessary to establish responsibility and accountability for its use."

The mail survey asked whether physical, mechanical, medical, and chemical restraints were allowed, if a written report was required after the use of each, and the frequency of use for each. The facility was in conformance for each type of restraint if a written report was required or if the facility did not use that type of restraint. Only facilities that were in conformance for all four types of restraint were in conformance with the assessment criteria. For example, a facility that required reports after the use of physical and mechanical restraints and did not allow the use of medical and chemical restraints would be in conformance. A facility that required reports after the use of physical and mechanical restraints, did not allow chemical restraints, and did not require a report after the use of medical restraints would not be in conformance.

7. Use of Force Controlled and Reported

ACA Standard:

"Written policy and procedure limit the use of physical force to instances of self-protection, protection of the juvenile or others, prevention of property damage, prevention of escapes and in accordance with appropriate statutory authority. In no event is physical force justifiable as punishment. A written report is prepared following all uses of force and is submitted to the facility administrator. (ACA - Mandatory)

Discussion: Only in wholly justifiable instances may physical force be used. Personnel may be required to justify their use of force before a court of law. Likewise, they may be required to defend their actions in event of civil or criminal suit. Often statutes clearly define limitations on the use of force and these limitations should be observed. Whenever force is used, its use should be fully documented—as to what kind, how much force, why—whether the injuries are to staff or juveniles."

Our criteria measure two aspects of this standard: the circumstances in which force can be used and a requirement of written reports when force is used.

The first part of the assessment criteria was measured through a question which asked whether force was allowed for self-protection, to protect the juvenile or others, to prevent property damage, in response to nonviolent misbehavior, or to prevent escapes. Facilities that allowed the use of force in response to nonviolent misbehavior were not in conformance. The second part of the criteria was measured through the physical restraint portion of the restraint grid described above. Only facilities that required a written report and did not allow the use of force in response to nonviolent misbehavior were in conformance.